

04-23-07
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7590

01/25/2007

John Dodds
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 Washington, DC 20036
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<i>Marie Jilka</i>	(Depositor's name)
<i>Susanne Somersalo</i>	(Signature)
<i>4/20/07</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/644,664	08/20/2003	Viktor Kuvshinov	KUVSHINOV 1-INTRON	3613

TITLE OF INVENTION: MOLECULAR MECHANISMS FOR GENE CONTAINMENT IN PLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/25/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
FOX, DAVID T	1638	800-278000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<i>Dodds and Associates</i>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Unicrop Ltd

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Viikinkaari HF, 00790 HELSINKI

FINLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Marie Jilka

Date _____

2/9/07

Typed or printed name _____

Leesa Susanne Somersalo

Registration No. _____

L0092

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Commissioner for Patents
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Washington D.C. April 20th 2007

Application number 10/644,664
Inventor: KUVSHINOV, Viktor
Filing date 8/20/2003
Atty docket Kuvshinov 1-intron
Confirmation number 3613
Examiner: David T. Fox
Art unit 1638



RE: ISSUE FEE

Sir;

Please find attached the Fee transmittal Part B and a check for \$1000.00 to cover the issue fee and publication fee as required.

DODDS AND ASSOCIATES

By:

Leea Susanne Somersalo
Leea Susanne Somersalo
Reg No: L0092

cc. file
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